



Application for Mentor-Protégé Program
(for Potential Protégé only)

Business Name: _____

Address: _____

Phone: _____

Contact Person: _____

Type of Business: _____
(Top 3 Business Areas)

	Name:	Phone:
Professional		
References:		
1		
2		
3		

1. Please list three specific goals that your firm would like to gain from participating in the program.
2. Please list three items that your firm brings to the relationship.
3. Please list the firm's San Diego/Imperial County office location and approximate number of staff (an office location in San Diego/Imperial County is required for participation in the program).
4. Do you have an interest in a partner firm or technical specialty?
5. Is your firm currently certified* as a ☐ DBE, ☐ DVBE, or ☐ SB? Yes ☐ No ☐
6. If not, are you planning to become certified? Yes ☐ No ☐
7. Has your firm worked with any of the following agencies?
 - a. Caltrans Yes ☐ No ☐
 - b. SANDAG Yes ☐ No ☐
 - c. Local Agencies Yes ☐ No ☐
 - d. Other governmental agencies Yes ☐ No ☐
8. How long has your firm been in business (min. 1 year at start of program)? _____ yrs
9. What is your average annual revenue for the past three years?
2008 _____
2009 _____
2010 _____
10. Does your firm meet the criteria to qualify for California Small Business certification (see attached guidelines)? Yes ☐ No ☐

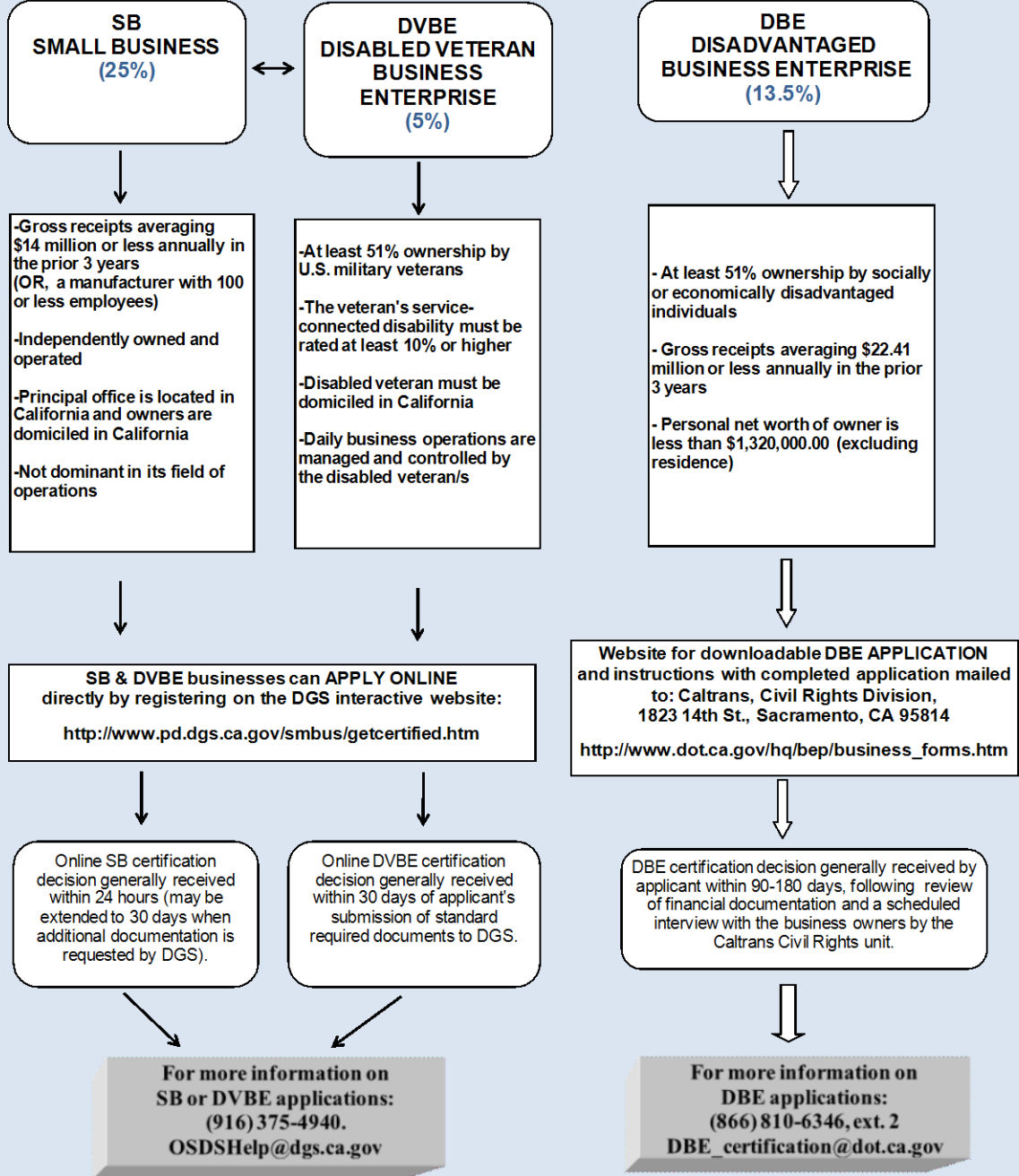
* Not required to participate in the program.

--- Upon completion, please file this document with ---

America Hernandez, Caltrans District 11 at 4050 Taylor Street, San Diego, CA 92110, email: america_hernandez@dot.ca.gov



ABC's OF CERTIFICATION: *SB* *DVBE* *DBE*



ENHANCE YOUR OPPORTUNITIES FOR BUSINESS SUCCESS---GET CERTIFIED!

Caltrans District 11
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